

**MOUNT MAUNGANUI SPORTFISHING CLUB INC**  
**P.O. BOX 5131 MOUNT MAUNGANUI.**  
**MEMBERSHIP APPLICATION FORM**

**ANNUAL FEES:** ADULT \$70 COUPLE \$90 FAMILY \$100  
 INTERMEDIATE (17-20yr's and is a student) \$30.00 JUNIOR (16yr's & under) \$10.00

**HALF YEAR & SUMMER FEES:** ADULT \$45 COUPLE \$55 FAMILY \$60

<b>MEMBERSHIP</b> (please circle)	ADULT	COUPLE	FAMILY	INTERMEDIATE	JUNIOR	NEW Or RENEWAL
<b>MEMBERSHIP</b> <b>TYPE</b> (please circle)	FULL YEAR 1 <sup>st</sup> July – 30 <sup>th</sup> June	HALF YEAR 1 <sup>st</sup> December – 30 <sup>th</sup> June	SUMMER Labour weekend- Easter			

Summer = Club patrons from Labour Weekend to Easter Weekend – no access to fishing comps\

Half year = Available from 1<sup>st</sup> December to be full Club and fishing member until June 30<sup>th</sup>.

**\*\*NB\*\*** Both of the above part memberships may be used only once, progression then to full annual members please ☺

**APPLICANT: (Membership to be confirmed / declined at next monthly meeting)**

First Name: \_\_\_\_\_ M F Surname: \_\_\_\_\_

**SPOUSE / PARTNER:**

First Name: \_\_\_\_\_ M F Surname: \_\_\_\_\_

**DETAILS:**

Address : \_\_\_\_\_ Phone: A/H \_\_\_\_\_  
 \_\_\_\_\_ Cell \_\_\_\_\_  
 \_\_\_\_\_ Bus. \_\_\_\_\_

E-mail: \_\_\_\_\_

**FAMILY MEMBERSHIP: CHILDRENS DETAILS (16yr's and under)**

**NAME:** M F \_\_\_\_\_ D.O.B \_\_\_\_\_  
**NAME:** M F \_\_\_\_\_ D.O.B \_\_\_\_\_  
**NAME:** M F \_\_\_\_\_ D.O.B \_\_\_\_\_

I/We agree:

- To abide by all rules of the MOUNT MAUNGANUI SPORTS FISHING CLUB Inc. and the MOUNT OCEAN SPORTS CLUB Inc.
- To MMSFC making any enquiry to any source regarding my/our suitability as members
- MMSFC may provide any of my/our personal information as disclosed on this application form to the NZSFC and any affiliated club.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NOMINATED BY:** NAME: \_\_\_\_\_ MEM/NO: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**SECONDED BY:** NAME: \_\_\_\_\_ MEM/NO: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**VESSEL DETAILS:**

NAME: \_\_\_\_\_ LENGTH: \_\_\_\_\_ VHF CALL SIGN: \_\_\_\_\_

TYPE: \_\_\_\_\_ EMERGENCY CONTACT NO: \_\_\_\_\_

**PLEASE INCLUDE PAYMENT WITH APPLICATION**